

ence; and this has been done, too, without materially increasing the bulk of the volume, by the employment of a small but very clear type, cast expressly for the work.
D. F. C.

ART. XXII.—*On the Nature and Treatment of Club-foot and Analogous Distortions, involving the Tibio-tarsal Articulation.* By BERNARD E. BRODHURST, Assistant Surgeon to the Royal Orthopædic Hospital, etc. etc. London: Churchill, 1856. 8vo. pp. 134.

THE introduction to the volume now before us is occupied with an historical retrospect of orthopædic surgery; and we are presented by Mr. Brodhurst with an accurate account, for the first time in an English dress, of the earlier operations practised for the relief of club-foot. That club-foot and its analogous affections had been studied by the ancient physicians, is sufficiently proven by a perusal of the chapters in which Hippocrates has discussed the subject; in fact, the treatment by mechanical apparatus which he lays down, will answer sufficiently well, even at this day, for the cure of the simpler forms of varus. Subsequent to the time of Hippocrates, for a period of 2000 years, little improvement was made in the treatment of this deformity, although we find frequent allusion to the complaint in the works of Paré, Severinus, and Fabricius-ab-Aquapendente. In 1784, tenotomy was successfully practised for the first time by Thilenius, of Frankfort, for the cure of equino-varus. The next operation of which we have mention, was that performed by Sartorius, in 1806; the result was not, however, favourable; indeed, we even wonder at the happy result in the preceding instance, when we learn that the method of operating adopted was by a large dissection with a free external wound. Subcutaneous tenotomy had not as yet been practised; it was reserved for Delpech to make this last and great improvement in the treatment of talipes. The rules which he laid down some few years later are, as our author states, "absolutely those which guide the surgeon at the present day." Stromeyer afterwards practised Delpech's operation extensively, although, undoubtedly, the merit of the procedure is due to Delpech.

In Chapter II., Mr. Brodhurst passes to the consideration of congenital talipes, and lays down the division of the various forms of the distortion. This portion of the work is well illustrated, and the description of the tissues at fault is drawn with exceeding clearness. The etiology of congenital talipes is next entered upon. The different opinions as to the cause of the affection may be classed as follows:—

1st. Malformations and displacements of the tarsal bones.

2dly. Affections of the muscular system.

3dly. Malposition in utero.

4thly. Disordered nervous influence.

The first three causes assigned cannot, in the opinion of our author, be substantiated by observation, for he adds, at p. 48, "It may be safely said that the tarsal bones are never primarily affected, but, being acted upon by the muscles, are twisted on their axes." * * * "The muscles are doubtless the agents through which the tarsal bones become rotated, but being themselves under the influence of the nervous system, other agency than that of the muscles and ligaments is involved in the production of congenital distortions." We are also told that the opinion of Cruveilhier, that malposition of the fœtus in utero is the exciting cause, is equally untenable. With regard to the fourth and last cause mentioned above—viz., disordered nervous influence—Mr. Brodhurst informs us that club-foot, and all other distortions, are most frequently met with in those fœtuses in whom there is deficiency or marked change from the normal state of the brain and spinal cord. In the anencephalic monster, these deformities are most common.

The causes of non-congenital talipes, which are next considered, are arranged by the author under the following heads—paralysis, spasm, inflammation,

voluntary position, and debility. This chapter forms one of the most interesting in the volume, and is fully illustrated by clinical cases. With some remarks upon the structural pathology and degeneration of muscles, and the reunion of tendons, Mr. Brodhurst then passes to the most important topic, practically, connected with the deformity in question—viz., the treatment. To use his own words, “The treatment of talipes resolves itself into, *first*, the removal of distortion and restoration to the normal position of the limb; and, *secondly*, the restoration of function.” The operation of tenotomy, we are informed at page 113, is only useful in the strictest sense to *facilitate* mechanical treatment; an opinion in which we most heartily concur. In the adult, especially, tenotomy alone does little or nothing towards the immediate reduction of the distortion. At the same time Mr. Brodhurst says, and in this point we do not altogether agree with him, that there are few cases in which extension alone is to be preferred to tenotomy. Upon this topic, we would refer our readers to the admirable remarks of Dr. Little, which have recently appeared in the last numbers of the *London Lancet*.

The period at which, in cases of congenital talipes, the author prefers operating, is from four to six weeks after birth, provided the infant be robust. The after treatment consists in the application of proper extending apparatus, and it is safest, according to the author, not to commence the extension of the heel until the process of reunion shall have begun. If much elongation of the achilles tendon be desired, it must be obtained during the second and third week after the section.

We cannot bring our hasty notice of Mr. Brodhurst's monograph to a close, without expressing our satisfaction with the volume. We have been forcibly struck during its perusal with the pains-taking care of the author to establish in each case a correct diagnosis of the deformity in question, and we entirely agree with him in the following deprecation of unnecessary and hasty operative interference: “Much obloquy has been cast on orthopædy in consequence of the abuse of tenotomy. The senseless division of tendons on every possible occasion, and without reference to the cause of distortion, has occasioned infinite injury to the cause of orthopædy; congenital and non-congenital affections being similarly treated by those who, through ignorance of the pathological condition of parts directly or indirectly involved, are unable to form an accurate diagnosis, to distinguish between the various forms of non-congenital distortions, and to decide between cases fitted and unfitted for the section of tendons.”

J. H. B.

ART. XXIII.—*Pathological and Surgical Observations: Including a short Course of Lectures delivered at the Lock Hospital, and an Essay on the Surgical Treatment of Hemorrhoidal Tumours.* By HENRY LEE, F. R. C. S., Surgeon to the Lock Hospital, Assistant Surgeon to King's College Hospital, etc. London: Churchill, 1854. 8vo. pp. 232.

THE volume before us comprises a series of surgical papers from the pen of Mr. H. Lee, of London, Surgeon to the Lock Hospital and Assistant Surgeon to King's College Hospital. Some of these papers have especial value from the fact that they are founded upon direct observation, and also because the results arrived at differ in many respects from opinions hitherto generally received. A subject which seems to have engaged the attention of Mr. Lee more particularly, and one which he has most patiently examined, is a study of the “Causes, Consequences, and Treatment of Inflammation of the Veins.” This article is a continuation of a dissertation to which the Jacksonian prize was awarded in 1850.

The main conclusions arrived at in this last publication are, as stated by the author: “1st. That inflammation, both of the veins and capillary vessels, usually depends upon irritation, communicated to them through their contents. 2dly. That pus is capable of producing such irritation, when detained in contact with